

**MR-1 REPORT CHECK OFF LIST**Company : **Amneal Pharmaceuticals Corp.**

SCP #: 27200050-1

Address : 290 McClean Blvd., Paterson, NJ 07504

Contact : Jiten Parikh

973-357-0222

- |     |                                                                                                                                                         |                                    |                                    |                                      |
|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|------------------------------------|--------------------------------------|
| 1.  | Category 40 CFR 439.47 (b) Subcategory                                                                                                                  | D                                  |                                    |                                      |
| 2.  | MONTH OF JULY 1, 2008 THRU JULY 31, 2008                                                                                                                |                                    |                                    |                                      |
| 3.  | Is Outlet # ( 8 digit ) Correct ?                                                                                                                       | <input checked="" type="radio"/> Y | N                                  | N/A                                  |
| 4.  | Is regulated flow stated in space provided ?                                                                                                            | <input checked="" type="radio"/> Y | N                                  | N/A                                  |
| 5.  | Total flow provided in proper space ?                                                                                                                   | <input checked="" type="radio"/> Y | N                                  | N/A                                  |
| 6.  | Is method used to calculate water stated,?                                                                                                              | <input checked="" type="radio"/> Y | N                                  | N/A                                  |
| 7.  | Are number of working days stated ?                                                                                                                     | <input checked="" type="radio"/> Y | N                                  | N/A                                  |
| 8.  | Are there any parameters which have exceeded a daily maximum limit or could cause the company to be out of compliance with a monthly or 4-day average ? | Y                                  | <input checked="" type="radio"/> N | N/A                                  |
| 8a  | Are any non-detectable results higher than the permits limits ?                                                                                         | Y                                  | <input checked="" type="radio"/> N | N/A                                  |
| 8b  | If the answer to 8a was yes. did the company submit any documentation in support of compliance ?                                                        | Y                                  | N                                  | <input checked="" type="radio"/> N/A |
| 9.  | Is proper compliance/non-compliance statement provided ?                                                                                                | <input checked="" type="radio"/> Y | N                                  | N/A                                  |
| 10. | If applicable is compliance schedule submitted ?                                                                                                        | <input checked="" type="radio"/> Y | N                                  | N/A                                  |
| 11. | Is combined waste stream formula required ?                                                                                                             | <input checked="" type="radio"/> Y | N                                  | N/A                                  |
| 12. | If combined waste stream formula was used, have calculations been submitted correctly ?                                                                 | <input checked="" type="radio"/> Y | N                                  | N/A                                  |
| 13. | Have correct number of samples been submitted ?                                                                                                         | <input checked="" type="radio"/> Y | N                                  | N/A                                  |
| 14. | Has sample number been reported in space provided ?                                                                                                     | <input checked="" type="radio"/> Y | N                                  | N/A                                  |
| 15. | Have all regulated parameters been listed on MR-1 ?                                                                                                     | <input checked="" type="radio"/> Y | N                                  | N/A                                  |
| 16. | Has sample type been stated on MR-1 ?                                                                                                                   | <input checked="" type="radio"/> Y | N                                  | N/A                                  |
| 17. | Have all samples been taken during this reporting period ?                                                                                              | <input checked="" type="radio"/> Y | N                                  | N/A                                  |
| 18. | Has NJDEPE certified lab been used ?                                                                                                                    | <input checked="" type="radio"/> Y | N                                  | N/A                                  |
| 19. | Have analytical results been submitted on copies of Laboratory stationery ?                                                                             | <input checked="" type="radio"/> Y | N                                  | N/A                                  |

c.j.m.

- |      |                                                                                                      |          |          |            |
|------|------------------------------------------------------------------------------------------------------|----------|----------|------------|
| 20.  | Have results been written in space designated on MR-1?                                               | <u>Y</u> | N        | N/A        |
| 21.  | Have average permit limitations been included on MR-1?                                               | <u>Y</u> | N        | N/A        |
| 22.  | Have maximum permit limitations been included on MR-1?                                               | <u>Y</u> | N        | N/A        |
| 23.  | Is method used to preserve samples stated on MR-1?                                                   | <u>Y</u> | N        | N/A        |
| 24.  | If non-use statement is made does regulations allow exemptions ?                                     | Y        | <u>N</u> | N/A        |
| 25.  | Has updated flow diagram been provided ?                                                             | Y        | N        | <u>N/A</u> |
| 26.  | If the answer to 25 was yes, was the change to the previous plot plan noted ?                        | Y        | N        | <u>N/A</u> |
| 27.. | If the answer to 25 was no or N/A, was the appropriate statement of no-change to diagram submitted ? | <u>Y</u> | N        | N/A        |
| 28.  | Has production rate been provided if production Based Standards were used ?                          | Y        | N        | <u>N/A</u> |
| 29.  | Has MR-1 been signed by authorized representative ?                                                  | <u>Y</u> | N        | N/A        |
| 29.  | Has information been submitted on proper MR-1 form ?                                                 | <u>Y</u> | N        | N/A        |
| 29.  | Have any and all PVSC samples taken during this month been averaged in with the company samples ?    | Y        | N        | <u>N/A</u> |

First Reviewer: comments on deficiencies COMPLETE

Date Reviewed 9/26/08 Date sent to user \_\_\_\_\_

Date due back \_\_\_\_\_ Reviewer C.J.M.

Second Review comments on deficiencies \_\_\_\_\_

Date Reviewed \_\_\_\_\_ Date sent to user \_\_\_\_\_

Date due back \_\_\_\_\_ Reviewer \_\_\_\_\_

Date ok \_\_\_\_\_ Reviewer \_\_\_\_\_

07/01/08 THRU 07/31/08

AMNEAL PHARMACEUTICALS

(439)

PATERSON

## Local Limits

Parameters	Threshold Value	Local Limit	Over Limit	Additional Tests
Cadmium	0.005	0.19	Certified Non-Use	None
Copper	0.092	3.02		Three Months
Lead	0.029	0.54		
Nickel	0.02	5.9	Certified Non-Use	None
Zinc	1.67	1.67		
Mercury	0.001	0.080		Three Months

Violations: noneCOMPLETE ✓ Yes        No        Date 9/26/08

## PRETREATMENT MONITORING REPORT

NAME: AMNEAL PHARMACEUTICALS CORPORATION

MAILING ADDRESS: 209 MC LEAN BLVD., PATERSON NJ 07504

FACILITY LOCATION: 209 MC LEAN BLVD., PATERSON NJ 07504

CATEGORY & SUBPART: 439 OUTLET #: 1

CONTACT OFFICIAL: JITEN PARIKH TELEPHONE: 973 357-0222

NEW CUSTOMER ID / OUTLET ID: 272 00050 / OLD OUTLET DESIGNATION: \_\_\_\_\_

MONITORING PERIOD		
Start		
7	1	08
MO	DAY	YR

End		
7	31	08
MO	DAY	YR

	Average	Maximum
Regulated Flow-gal/day	<u>1542</u>	<u>1696</u>
Total Flow-gal/day	<u>3590</u>	<u>3949</u>

Method Used: \_\_\_\_\_ Flowmeter readings / \_\_\_\_\_ working days.

PLEASE SEE ATTACHMENT

Production Rate (if applicable) \_\_\_\_\_

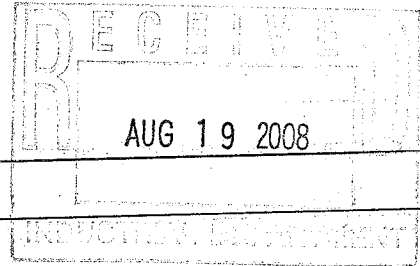
PARAMETER		MASS OR CONCENTRATION			# OF SAMPLES	SAMPLE TYPE COMP/GRAB
		MON AVG	MAXIMUM	UNITS		
Cd	Sample Measurement			Mg/l	1	Comp
	Permit Requirement	0.19		Mg/l		
Cu COPPER	Sample Measurement	0.066 ✓		Mg/l	1	Comp
	Permit Requirement	3.02		Mg/l		
Pb	Sample Measurement	0.006		Mg/l	1	Comp
	Permit Requirement	0.54		Mg/l		
* LEAD	Sample Measurement			Mg/l	1	Comp
	Permit Requirement	0.080		Mg/l		
Hg	Sample Measurement			Mg/l	1	Comp
	Permit Requirement			Mg/l		
Ni	Sample Measurement			Mg/l	1	Comp
	Permit Requirement	5.9		Mg/l		
Zn ZINC	Sample Measurement	0.056 ✓		Mg/l	1	Comp
	Permit Requirement	1.67		Mg/l		
ACETONE	Sample Measurement	0.429 ✓		Mg/l	1	Grab
	Permit Requirement	4.10		Mg/l		
* METHYLENE CHLORIDE	Sample Measurement	ND (<0.0007)		Mg/l	1	Grab
	Permit Requirement	0.35		Mg/l		
	Sample Measurement					
	Permit Requirement					
	Sample Measurement					
	Permit Requirement					
	Sample Measurement					
	Permit Requirement					
	Sample Measurement					
	Permit Requirement					
	Sample Measurement					
	Permit Requirement					

\* DROP BOX \*

PRETREATMENT MONITORING REPORT

Certification of Non-Use if applicable (use additional sheets):

N/A



Compliance or non compliance statement with compliance schedule (use additional sheets if necessary) for every

parameter used: AMNEAL IS IN COMPLIANCE WITH PVSC LOCAL  
LIMITS AS WELL AS ALL 40 CFR 439 PARAMETERSExplain Method for preserving samples: NITRIC ACID TO A PH LESS THAN 2.

I certify under penalty of law that this document and attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

403.6(a)(2)(ii) revised by 53 FR 40610, October 17, 1988

for Suren Roxas  
Signature of Principal

Executive or Authorized Agent

for JITEN PARIKH  
VICE PRESIDENT

Type Name and Title

8-14-08

Date

# AMNEAL

P h a r m a c e u t i c a l s

## METHOD USED

### TOTAL WATER USED

$6,994.1 (7/31/08) - 6,883.7 (7/1/08) = 110 \text{ CF1} \times 7.48 \times 100 = 82,579/23 \text{ DAYS} = 3,590 \text{ Total Flow - Gal/Day.}$

### SANITARY USED

$1,431 (7/31/08) - 1,368 (7/1/08) = 63 \times 7.48 \times 100 = 47,124/23 \text{ DAYS} = 2,049 \text{ Flow - Gal/Day.}$

$$\text{REGULATORY/TOTAL} = 1,542/3,590 = 0.4$$

SITE PLAN: NO CHANGE

## CHAIN OF CUSTODY

## COMPLETE ANALYSIS LABORATORIES, INC.

1259 ROUTE 46 BLDG. # 4  
PARSIPPANY, NJ 07054-4909

PHONE: (973) 335-CALI

FAX: (973) 335- 0556

NJDEP LAB CERTIFICATION # 14964

PAGE 1 OF 1  
(Lab use only) No. 813650DELIVERABLES:  
(CIRCLE ONE)☒ STD ☐ REDUCED ☐ FULL  
OTHER (Specify) \_\_\_\_\_

CLIENT	AMNEAL PHARMACEUTICAL		
ADDRESS	209 MCLEAN BLVD.		
CITY	PATERSON		
STATE	NJ	ZIP	07054

CONTACT	Ms. Thakar	PHONE	(973) 357-0222
PROJECT	WASTEWATER		
SAMPLER	name: <u>Alberto Serna</u>	sign	<u>[Signature]</u>
WITNESSED BY	name	<u>SR 7-15-08</u>	

LAB ID	FIELD ID	SAMPLING DATE/TIME	M	T	No	P	ANALYSIS
<u>813650.1</u>	<u>AP- 0715</u>	<u>7/10/08 10:50</u>	<u>A</u>	<u>C</u>	<u>1</u>	<u>C</u>	<u>BOD, TSS</u>
<u>813650.1</u>	<u>AP- 0715</u>	<u>7/10/08 10:50</u>	<u>A</u>	<u>C</u>	<u>1</u>	<u>Hn, C</u>	<u>Cu, Zn, <u>RS</u></u>
<u>813650.2</u>	<u>AP- 0715 G</u>	<u>7/10/08 10:50</u>	<u>A</u>	<u>G</u>	<u>2</u>	<u>H, C</u>	<u>VOC*</u>
RFMARKS	* VOC TO INCLUDES: ACETONE, METHYLENE CHLORIDE						
	COMPOSITE SAMPLER WAS SET UP ON <u>7/14/08 10:00</u> SAMPLE WAS COLLECTED ON <u>7/10/08 10:04</u>						
	SAMPLING FREQUENCY - 30 MINUTES.						

RELINQUISHED BY		RECEIVED BY		DATE	TIME	METHOD OF RELINQUISH.	RECEIVING ORGANIZATION
NAME	SIGNATURE	NAME	SIGNATURE				
<u>C. Alberto Serna</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>7/10/08</u>	<u>17:15</u>	<u>my off</u>	<u>ch 18</u>
TURNAROUND TIME:				PRIORITY AUTHORIZATION:			
M = MATRIX	A - AQUEOUS SL-SLUDGE	P - POTABLE WATER SO - SOLID	S - SOIL X - OTHER	O - OIL			
T = TYPE	C - COMPOSITE	G - GRAB	No. = NUMBER OF CONTAINERS				
P = PRESERVATIVE	H <sub>2</sub> - H <sub>2</sub> SO <sub>4</sub>	Hn - HNO <sub>3</sub>	H - HCl	N - NaOH	A - ASCORBIC ACID	C - COOL TO 4 °C	

SOP-CG-010 REV 4/96



Ms. Sonal Thakar  
Amneal Pharmaceutical Corp..  
209 McLean Blvd  
Paterson, NJ 07054

## ANALYSIS REPORT

REPORT DATE: JULY 21, 2008

PROJECT NO : 813650

LAB ID NO: 813650.1

FIELD ID NO: AP-0715

Sample: Liquid, Sampled by CALI on 7/15/08

Analysis	Method Number	Results (mg/L)	Discharge Limitation (mg/L)	RLs (mg/L)	Analysis Date Time	DF
COPPER	200.7	0.0655	3.02	0.003	7/17/08 13:08	1
ZINC	200.7	0.0558	1.67	0.005	7/17/08 13:08	1
LEAD	200.7	0.006	0.54	0.005	7/17/08 13:08	1

### Definitions:

pH Unit, J= Compound Detected but Below MDL, RLs= Laboratory Reporting Limits,

MDL= Method Detection Limit, DF= Dilution Factor, ND = Not Detected

RL = MDL x DF

Submitted By:



Zvi Blank, Ph.D., CHMM  
Laboratory Director





Ms. Sonal Thakar  
Amneal Pharmaceutical Corp..  
209 McLean Blvd  
Paterson, NJ 07054

## ANALYSIS REPORT

REPORT DATE: JULY 21, 2008

PROJECT NO : 813650

LAB ID NO: 813650.2

FIELD ID NO: AP-0715 G

Sample: Liquid, Sampled by CALI on 7/15/08

Analysis	Method Number	Results (µg/L)	RLs (µg/L)	Analysis Date Time	DF
ACETONE	EPA Method 624	429	8.80	7/17/08 15:25	1
METHYLENE CHLORIDE	EPA Method 624	ND(<0.69)	0.69	7/17/08 10:00	1

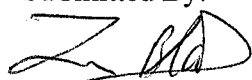
### Definitions:

**pH** Unit, **J**= Compound Detected but Below MDL, **RLs**= Laboratory Reporting Limits,

**MDL**= Method Detection Limit, **DF**= Dilution Factor, **ND** = Not Detected

**RL** = MDL x DF

Submitted By:



Zvi Blank, Ph.D., CHMM  
Laboratory Director





QC Laboratories

## Analytical Report



MS. HAYA BLANK  
COMPLETE ANALYSIS LABORATORIES, INC.  
1259 ROUTE 46  
BUILDING #4/C  
PARSIPPANY, NJ 07054-4909

Regarding:

MS. HAYA BLANK  
COMPLETE ANALYSIS LABORATORIES, INC.  
1259 ROUTE 46  
BUILDING #4/C  
PARSIPPANY, NJ 07054-4909

Account No: W05307, COMPLETE ANALYSIS 1 WK TAT PHILLY QA  
Project No: W05307, COMPLETE ANALYSIS 1 WK TAT PHILLY QA

P.O. No:  
PWSID No:

Inv. No:

Sample Number L2715879-1  
Sample Description 813650.1 COMPOSITE  
Received Temp: 38 F Iced (Y/N): Y

Samp. Date/Time/Temp 07/15/08 00:00am NA F  
Sampled by Customer Sampled

Parameter	Method	Result	RLs	Test Date, Time, Analyst
COPPER	EPA 200.7	0.0655 mg/l	0.00300 mg/l	07/17/08 01:08PM B B
LEAD	EPA 200.7	0.00600 mg/l	0.00500 mg/l	07/17/08 01:08PM B B
ZINC	EPA 200.7	0.0558 mg/l	0.00500 mg/l	07/17/08 01:08PM B B

Sample Number L2715879-2  
Sample Description 813650.2 GRAB  
Received Temp: 38 F Iced (Y/N): Y

Samp. Date/Time/Temp 07/15/08 00:00am NA F  
Sampled by Customer Sampled

Parameter	Method	Result	RLs	Test Date, Time, Analyst
CHLOROMETHANE	EPA 624	ND ug/l	0.620 ug/l	07/17/08 10:00PM EEW
VINYL CHLORIDE	EPA 624	ND ug/l	0.650 ug/l	07/17/08 10:00PM EEW
BROMOMETHANE	EPA 624	ND ug/l	1.14 ug/l	07/17/08 10:00PM EEW
CHLOROETHANE	EPA 624	ND ug/l	1.09 ug/l	07/17/08 10:00PM EEW

- A result of "ND" indicates the concentration of the analyte tested was either not detected or below the RLs.  
- Definitions: ND=not detected; NEG=negative; POS=positive; COL=colonies; RLs=laboratory reporting limits; L/A=laboratory accident; TNTC=too numerous to count  
- A result marked with "DRY" indicates that the result was calculated and reported on a dry weight basis.  
- All analysis, except field tests are conducted in Southampton, PA unless otherwise identified.  
- The test "pH lab" is analyzed upon receipt at the laboratory, the result will not be suitable for regulatory purposes.  
- Actual times of analysis for parameters reported <24 hrs are available upon request. All testing is completed within the required holding time unless otherwise noted.  
- QC NELAP ID's: PA 09-00131, NJ PA166, FL E87954, NY 11223, CT PH-0768, DE PA-018, KY 90228, MD 206, EPA PA00018, Bioassay: PA 09-03574, NJ PA034, FL E87953, KS E10373, SC 89020001.  
- QC STATE ID's: Wind Gap, NJ PA001, PA 48-01334; E RUTHERFORD NJ02015; Vineland NJ06005; Reading PA 06-03543.  
- All samples are collected as "grab" samples unless otherwise identified.  
- MCL= is the EPA recommended "maximum contaminant level" for a parameter. PLS=customer specific permit limits.  
Regulatory authorities are assessing substantial fines for testing omissions. Please track your sample collections and results on a weekly, monthly, or quarterly basis to ensure compliance. QC's internet program 'LIVE ACCESS' will provide you with real-time access to collection dates and results. Please contact Customer Service for further information on acquiring LIVE ACCESS.

*Thomas J. Hines*  
Thomas J. Hines, President

## QC Laboratories

## Analytical Report



Account No: W05307, COMPLETE ANALYSIS 1 WK TAT PHILLY QA  
 Project No: W05307, COMPLETE ANALYSIS 1 WK TAT PHILLY QA

P.O. No:  
 PWSID No:

Inv. No:

Sample Number L2715879-2  
 Sample Description 813650.2 GRAB

Samp. Date/Time/Temp  
 07/15/08 00:00am NA F

Sampled by  
 Customer Sampled

Parameter	Method	Result	RLs	Test Date, Time, Analyst
TRICHLOROFLUOROMETHANE	EPA 624	ND ug/l	0.980 ug/l	07/17/08 10:00PM EEW
1,1-DICHLOROETHENE	EPA 624	ND ug/l	0.750 ug/l	07/17/08 10:00PM EEW
METHYLENE CHLORIDE	EPA 624	ND ug/l	0.690 ug/l	07/17/08 10:00PM EEW
TRANS-1,2-DICHLOROETHENE	EPA 624	ND ug/l	0.450 ug/l	07/17/08 10:00PM EEW
1,1-DICHLOROETHANE	EPA 624	ND ug/l	0.480 ug/l	07/17/08 10:00PM EEW
CARBON TETRACHLORIDE	EPA 624	ND ug/l	0.720 ug/l	07/17/08 10:00PM EEW
CHLOROFORM	EPA 624	16.2 ug/l	0.560 ug/l	07/17/08 10:00PM EEW
1,1,1-TRICHLOROETHANE	EPA 624	ND ug/l	0.520 ug/l	07/17/08 10:00PM EEW
BENZENE	EPA 624	ND ug/l	0.610 ug/l	07/17/08 10:00PM EEW
1,2-DICHLOROETHANE	EPA 624	ND ug/l	0.490 ug/l	07/17/08 10:00PM EEW
TRICHLOROETHENE	EPA 624	ND ug/l	0.660 ug/l	07/17/08 10:00PM EEW
1,2-DICHLOROPROPANE	EPA 624	ND ug/l	0.520 ug/l	07/17/08 10:00PM EEW
BROMODICHLOROMETHANE	EPA 624	5.18 ug/l	0.520 ug/l	07/17/08 10:00PM EEW
TOLUENE	EPA 624	ND ug/l	0.540 ug/l	07/17/08 10:00PM EEW
TRANS-1,3-DICHLOROPROPENE	EPA 624	ND ug/l	0.510 ug/l	07/17/08 10:00PM EEW
CIS-1,3-DICHLOROPROPENE	EPA 624	ND ug/l	0.450 ug/l	07/17/08 10:00PM EEW
1,1,1-TRICHLOROETHANE	EPA 624	ND ug/l	0.370 ug/l	07/17/08 10:00PM EEW
2-CHLOROETHYL VINYL ETHER	EPA 624	ND ug/l	0.620 ug/l	07/17/08 10:00PM EEW
DIBROMOCHLOROMETHANE	EPA 624	2.94 ug/l	0.460 ug/l	07/17/08 10:00PM EEW
TETRACHLOROETHENE	EPA 624	ND ug/l	0.540 ug/l	07/17/08 10:00PM EEW
CHLOROBENZENE	EPA 624	ND ug/l	0.670 ug/l	07/17/08 10:00PM EEW
ETHYL BENZENE	EPA 624	ND ug/l	0.530 ug/l	07/17/08 10:00PM EEW
BROMOFORM	EPA 624	ND ug/l	0.450 ug/l	07/17/08 10:00PM EEW
1,1,2,2-TETRACHLOROETHANE	EPA 624	ND ug/l	0.610 ug/l	07/17/08 10:00PM EEW
1,3-DICHLOROBENZENE	EPA 624	ND ug/l	0.480 ug/l	07/17/08 10:00PM EEW

- A result of "ND" indicates the concentration of the analyte tested was either not detected or below the RLs.  
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 - A result marked with "DRY" indicates that the result was calculated and reported on a dry weight basis.  
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*Thomas J. Hines*  
 Thomas J. Hines, President

## QC Laboratories

## Analytical Report



Account No: W05307, COMPLETE ANALYSIS 1 WK TAT PHILLY QA  
 Project No: W05307, COMPLETE ANALYSIS 1 WK TAT PHILLY QA

P.O. No:  
 PWSID No:

Inv. No:

Sample Number	Sample Description	Samp. Date/Time/Temp	Sampled by
L2715879-2	813650.2 GRAB	07/15/08 00:00am NA F	Customer Sampled

Parameter	Method	Result	RLs	Test Date, Time, Analyst
1,4-DICHLOROBENZENE	EPA 624	ND ug/l	0.590 ug/l	07/17/08 10:00PM EEW
1,2-DICHLOROBENZENE	EPA 624	ND ug/l	0.550 ug/l	07/17/08 10:00PM EEW
ACETONE	EPA 624	429 ug/l	8.80 ug/l	07/18/08 03:25PM EEW

L2715879-2:

1. A dilution was required to be performed on this sample because of the sample matrix and/or interferences by non-target compounds. The surrogate recoveries may have been impacted. The RL's have been adjusted to reflect the dilution.

- A result of "ND" indicates the concentration of the analyte tested was either not detected or below the RLs.
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- QC NELAP ID's: PA 09-00131, NJ PA166, FL E87954, NY 11223, CT PH-0768, DE PA-018, KY 90228, MD 206, EPA PA00018. Bioassay: PA 09-03574, NJ PA034, FL E87953, KS E10373, SC 89020001.
- QC STATE ID's: Wind Gap, NJ PA001, PA 48-01334; E RUTHERFORD NJ02015; Vineland NJ06005; Reading PA 06-03543.
- All samples are collected as "grab" samples unless otherwise identified.
- MCL= is the EPA recommended "maximum contaminant level" for a parameter. PLs=customer specific permit limits.

Regulatory authorities are assessing substantial fines for testing omissions. Please track your sample collections and results on a weekly, monthly, or quarterly basis to ensure compliance. QC's internet program 'LIVE ACCESS' will provide you with real-time access to collection dates and results. Please contact Customer Service for further information on acquiring LIVE ACCESS.

*Thomas J. Hines*  
 Thomas J. Hines, President

**NOT DOWN BOX**NON USE CERTIFICATION MONITORING REPORT  
LOCAL LIMITSME: AMNEAL PHARM

FILING ADDRESS: \_\_\_\_\_

FACILITY LOCATION: \_\_\_\_\_

CATEGORY & SUBPART \_\_\_\_\_ PERMIT # \_\_\_\_\_ OUTLET #: 27200050-1

CONTACT OFFICIAL: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_

I have been authorized to certify non-use for the following heavy metals:

 Arsenic \_\_\_\_\_ Lead ☒ Zinc \_\_\_\_\_  
 Cadmium \_\_\_\_\_ Mercury \_\_\_\_\_  
 Chromium \_\_\_\_\_ Molybdenum \_\_\_\_\_  
 Copper \_\_\_\_\_ Nickel \_\_\_\_\_

SAMPLE DATE		
MONTH	DAY	YEAR
7	15	08

PARAMETER		CONCENTRATION			SAMPLE TYPE
		RESULT	THRESHOLD VALUE EXCEEDED YES OR NO	UNITS	COMP/GRAB
LEAD	Sample Measurement	0.006	n	mg/l	Comp.
	Threshold Value	0.029		1	
METHYLENE CHLORIDE	Sample Measurement	<0.0007	n	mg/L	GRAB
	Threshold Value	1		1	
	Sample Measurement				
	Threshold Value				
	Sample Measurement				
	Threshold Value				
	Sample Measurement				
	Threshold Value				
	Sample Measurement				
	Threshold Value				
	Sample Measurement				
	Threshold Value				
	Sample Measurement				
	Threshold Value				
	Sample Measurement				
	Threshold Value				

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